

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000000385

FILED
May 27, 2009
Secretary of State

Entity Name: NATIONAL ROAD SAFETY FOUNDATION, INC.

Current Principal Place of Business:

3 NEW YORK PLAZA
NEW YORK, NY 10004

New Principal Place of Business:

Current Mailing Address:

3 NEW YORK PLAZA
NEW YORK, NY 10004

New Mailing Address:

FEI Number: 13-6128274 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ANSBACHER, SIDNEY F
50 N. LAURA STREET
SUITE 1100
JACKSONVILLE, FL 32202 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MANOCHERIAN, KIMBERLY
Address: 3 NEW YORK PLAZA
City-St-Zip: NEW YORK, NY 10004

Title: VD () Delete
Name: MANOCHERIAN, FRAYDUN
Address: 3 NEW YORK PLAZA
City-St-Zip: NEW YORK, NY 10004

Title: STD () Delete
Name: KATZ, JEROME
Address: 3 NEW YORK PLAZA
City-St-Zip: NEW YORK, NY 10004

Title: VP () Delete
Name: MANSOURI, SAFA M
Address: 2804 ST JOHNS BLUFF RD #200
City-St-Zip: JACKSONVILLE, FL 32246

Title: D () Delete
Name: MANOCHERIAN, JOHN
Address: 3 NEW YORK PLAZA
City-St-Zip: NEW YORK, NY 10004

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAFA M. MANSOURI

VP

05/27/2009

Electronic Signature of Signing Officer or Director

Date